



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2018112586
 Date Received: APR 05 2018
 Date Due: 5-20-18
 Grievance Code: 652
 Investigator ID #: T1008
 Extension Date: 7-4-18
 Date Retd to Offender: JUN 13 2018

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12A31
 Unit where incident occurred: Michael

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Medical When? 4-4-2018

What was their response? "You will be scheduled for record review"

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I have been trying to review my Medical Records for my Knee Surgery on June 16th 2015 since 3-7-2018, 3-22-2018, and 4-4-2018 and for whatever reason I'm not getting to my supposed appointments.

Action Requested to resolve your Complaint.

Let me review my Medical Records for my Knee Surgery from June 16th 2015. Get me to my appointments on time properly.

Offender Signature: *James Westmore*

Date: *4-5-2018*

Grievance Response:

You reviewed your medical records on 5/21. You stated you did not want to purchase any copies at this time.

Pam Pace
Practice Manager

Signature Authority:

Date: *5-31-18*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
2nd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
3rd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____

JUL 24 2018



Texas Department of Criminal Justice
STEP 2 **OFFENDER**
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12A-31
 Unit where incident occurred: Michael

OFFICE USE ONLY

Grievance #: 2018112584
 UGI Recd Date: JUN 28 2018
 HQ Recd Date: JUL 02 2018
 Date Due: 08/12/2018
 Grievance Code: 1052
 Investigator ID#: I0352
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

It does not excuse me having to wait almost "3 months" to receive my medical records from 3-7-2018 til 5-21-2018. That is a violation of policy and since it pertains to events that I am pursuing litigation for, it is also a denial of access to courts...

Please don't let this happen again in the future because I will be receiving my records again soon... Thank you and have a nice day.

Offender Signature: _____

Date: _____

Grievance Response: _____

A review of the Step 1 medical grievance has been completed regarding your report you were denied a records review.

According to the documentation, the appellate review of the medical grievance supports the response provided at the Step 1 level. You were allotted access to review your medical records on 05-21-2018. The practice manager was contacted concerning the amount of time it took for the records review and although this appears to be an isolated incident, they will monitor all records reviews.

Should you feel your medical concerns require further evaluation you may submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: _____

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12A-31cell
 Unit where incident occurred: Michael

OFFICE USE ONLY

Grievance #: 2018110785
 Date Received: APR 13 2018
 Date Due: 5/28/18
 Grievance Code: 608
 Investigator ID #: I1983
 Extension Date: 7/6/18
 Date Retd to Offender: JUL 06 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Medical Provider When? 4-10-2018
 What was their response? Got X-Ray results 56 days after excessive use of force injuries.
 What action was taken? Didn't get X-rays of injury til 23 days and 30 days after injury report.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

It took 23 and 30 days to get X-rays done for my fractured ribs after the illegal use of force on 2-13-2018. I did not get the results til 4-10-2018 ~ the X-rays were done on 3-8-2018 and 3-15-2018. The first X-ray was ordered on 2-14-2018!

It's wrong how long it took to get the x-rays done after they were originally ordered and how long it took to get the results of the x-rays showing fractured ribs. Then it took 26 days after the last X-ray to get the results! That's all wrong plain and simple.

Action Requested to resolve your Complaint.

Proper medical attention to be given in a timely manner when an injury happens and when an order has been given by a provider.

Offender Signature: *[Signature]*

Date: *4-10-2018*

Grievance Response:

See grievance # 2018096056

Signature Authority:

Pam Pace
Practice Manager

[Signature]

Date: *6-20-18*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice
STEP 2
OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12A-3102H
 Unit where incident occurred: Michael 12233

OFFICE USE ONLY

Grievance #: 2018116785
 UGI Recd Date: JUL 23 2018
 HQ Recd Date: JUL 25 2018
 Date Due: 9/6/18
 Grievance Code: 1008
 Investigator ID#: I0352
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

It neglected to resolve the issue, explain why it happened, or promise that it won't happen again.

Grievance #2018096056 also failed to resolve the issue. This is very deliberate indifference & gross negligence that goes right along with the conspiracy against my rights by multiple prison staff here on Michael Unit, all working under color of state law that I am resisting and planning on obtaining legal relief for.

Offender Signature: _____

Date: _____

Grievance Response: _____

In your Step 1 medical grievance, you stated you were denied access to care in a timely manner by not having x-rays done when ordered. You are requesting medical attention be received in a timely manner.

This issue was previously addressed in grievance number 2018096056 and will not be revisited at this time. Additionally, please be advised according to the Offender Orientation Handbook you may `Present only one issue per grievance and do not repeatedly grieve the same issue`. In the future, you are advised to follow this by not grieving the same issue on more than one occasion.

You are advised to submit a Sick Call Request if you feel your condition has changed to warrant further evaluation.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: _____

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission****CGO Initials:** _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission**CGO Initials:** _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission**CGO Initials:** _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2018120425
 Date Received: 4/20/18
 Date Due: 6/4/18
 Grievance Code: U53
 Investigator ID #: T1008
 Extension Date: 7-19-18
 Date Retd to Offender: JUL 03 2018

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12A-31
 Unit where incident occurred: Michael

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Medical Records Department When? 4-12-2018
 What was their response? "You will be seen at the next review in seg."
 What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I have been trying to get access to my medical records since 3-7-2018. I've made request on 3-7-2018, 3-21-2018, and 4-12-2018. Nothing is being done whatsoever. This is deliberate indifference blocking me from my own medical records that I need seriously pertaining to legal action.

Action Requested to resolve your Complaint.

Stop deliberate indifference by medical records staff. Let me review medical records for 6-16-2015, 2-13-2018, 2-14-2018, 3-15-2018, etc. immediately.

Offender Signature: *Tamara Westland*

Date: *4-20-2018*

Grievance Response:

Review of your request to review your records is noted in May and your reviewed your records 5/21.

Signature Authority:

Pam Pace

Pam Pace
Practice Manager

Date:

6-28-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice
STEP 2 **OFFENDER**
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
Unit: Michael Housing Assignment: 12A-31
Unit where incident occurred: Michael 12433

OFFICE USE ONLY

Grievance #: 2018120425
UGI Recd Date: JUL 20 2018
HQ Recd Date: JUL 23 2018
Date Due: 9/3/18
Grievance Code: 653
Investigator ID#: I0352
Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

I neglected to resolve the issue or give any sort of relief. It does not explain why it took about 2 1/2 months to review my medical records or make any sort of guarantee that it won't happen again ~ and it so happens that I am about to go put in again here soon so I hope this doesn't happen anymore.

Offender Signature: _____

Date: _____

Grievance Response: _____

A review of your Step 1 medical grievance was completed regarding your report you submitted requests for a record review on 3/7/2108, 3/21/2018, and 4/12/2018. Action requested to stop deliberate indifference by medical records staff and let you review your medical records for 6/16/2015, 2/13/2018, 2/14/2018, 3/15/2018, etc., was reviewed.

The appellate review revealed an I-60 was received through the medical department with the stamp date 3/7/2018, reflecting a medical record review request. As identified at Step 1, you received a review of your medical record on 5/21/2018.

This delay has been forwarded for review by the university management team.

STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Signature Authority: _____

Date: _____

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM



OFFICE USE ONLY

Grievance #: 2018120433
 Date Received: 4/20/18
 Date Due: 6/14/18
 Grievance Code: 614
 Investigator ID #: I1008
 Extension Date: 7-19-18
 Date Retd to Offender: JUL 12 2018

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12A-31
 Unit where incident occurred: Michael

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Medical Provider When? 4-19-2018

What was their response? Treatment for my ears

What action was taken? Treatment at 10pm of 4-19-2018 never happened like it was supposed to.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I'm not sure why I didn't get this medical treatment at 10pm of 4-19-2018 "yesterday" but there's something seriously wrong with my hearing ever since the illegal excessive use of force on 2-13-2018 and it is a never ending peining ringing sound that will not stop and my ears do not feel good at all.

So I need whatever treatment these providers at medical order me to try and fix the problem ~ my ear have been checked and there are problems that are visible.

Action Requested to resolve your Complaint.

Make sure I get the treatment for my ears that has been ordered by medical and stop any interference from that treatment being done

Offender Signature: *Jamon Leaton*

Date: *4-20-2018*

Grievance Response:

Per chart review you were evaluated by the provider on 4/19 for your ears. You were ordered ear drops and they started on 4/20. You were not scheduled to receive ear drops/treatment 4/19 at 10:00pm.

Signature Authority: Pam Pace
Practice Manager

Date: *10-26-18*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice
STEP 2
OFFENDER
GRIEVANCE FORM

2
Offender Name: Jamon Hestand TDCJ # 1343536
Unit: Michael Housing Assignment: 12A-31cell
Unit where incident occurred: Michael 12E33

OFFICE USE ONLY	
Grievance #:	<u>2018120433</u>
UGI Recd Date:	<u>JUL 31 2018</u>
HQ Recd Date:	<u>AUG 06 2018</u>
Date Due:	<u>9/14/18</u>
Grievance Code:	<u>014</u>
Investigator ID#:	<u>10352</u>
Extension Date:	_____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

It neglected to resolve the complaint and I never did get the full treatment ordered at all.

Offender Signature: _____

Date: _____

Grievance Response: _____

A review of the medical grievance and documentation has been completed regarding your complaint of not receiving medical treatment for your ears on 04/19/2018. You would like to receive all of the treatments ordered.

An appellate review of the medical grievance and clinical records indicate your grievance has merit. Upon further review, the eardrops were ordered on the date of 04/19/2018 for a duration of three days treatment and you received the drops on 04/21/2018 and 04/22/2018. This issue has been forwarded to the University Management Team for further review.

Please continue to utilize the Sick Call Request process if you feel you are in need of further medical care. No further action is warranted at this time by the Step 2 medical grievance process.

STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Signature Authority: _____

Date: _____

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2018129756
Date Received: _____
Date Due: _____
Grievance Code: _____
Investigator ID #: _____
Extension Date: _____
Date Retd to Offender: _____

Offender Name: Jomon Hestand TDCJ # 1343536
Unit: Michael Housing Assignment: 12A-3/cell
Unit where incident occurred: Michael

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Medical Records MAY 08 2018 When? 3-7-2018 to 4-23-2018

What was their response? None MAY 08 2018

What action was taken? None MAY 08 2018

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I have been trying to review my Medical Records since 3-7-2018
all the way til now and have been denied this right deliberately.
MAY 08 2018

I need to review the following Medical Records dates: 6-16-2018,
2-13,14-2018, and 3-15-2018 on my file.
MAY 08 2018 MAY 21 2018

* Nothing is being done about this problem and it keeps happening over and over
and over again with no resolution whatsoever. I have got no positive results at
all from Grievance # 2018120425 so how can this be redundant when it keeps
happening?? Please resolve this issue. *Added on 5-10-2018* MAY 11 2018

* I still have not got to receive my medical records since 3-7-2018.
Its absurd. MAY 21 2018

Action Requested to resolve your Complaint.

Let me receive my Medical Record for the dates listed in this Grievance immediately... Make medical staff do their job.

Offender Signature: *[Signature]*

Grievance Response:

MAY 08 2018

MAY 21 2018

Date: 5-3-2018

MAY 08 2018
MAY 11 2018
MAY 21 2018

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☒ 9. Redundant, Refer to grievance # 2018120425
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

M. Price

Investigator III

UGI Printed Name/Signature: *[Signature]*

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: *[Signature]*

OFFICE USE ONLY

Initial Submission UGI Initials: *MM*
Grievance #: 2018129756
Screening Criteria Used: #9, 699
Date Recd from Offender: MAY 08 2018
Date Returned to Offender: MAY 08 2018
2nd Submission UGI Initials: *TR*
Grievance #: 2018129756
Screening Criteria Used: 699 #9
Date Recd from Offender: MAY 11 2018
Date Returned to Offender: MAY 11 2018
3rd Submission UGI Initials: *[Signature]*
Grievance #: 2018129756
Screening Criteria Used: #9, 699
Date Recd from Offender: MAY 21 2018
Date Returned to Offender: MAY 21 2018

2018129756



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
Unit: Michael Housing Assignment: 12A-31cell
Unit where incident occurred: Michael

OFFICE USE ONLY

Grievance #: _____
UGI Recd Date: _____
HQ Recd Date: _____
Date Due: _____
Grievance Code: _____
Investigator ID#: _____
Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Issue was not resolved until 5-21-2018 after trying to review my Medical Records since 3-7-2018. This Grievance was not processed correctly at all. It can't be redundant when the issue keeps going on and on for months at a time and every time my request were ignored the issue was brand new again.

Offender Signature: _____

Date: _____

Grievance Response: _____

Signature Authority: _____

Date: _____

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

Carbon Copied

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12A-31cell
 Unit where incident occurred: Michael 12A-33
 * ~ Emergency ~ *

OFFICE USE ONLY

Grievance #: 2018166795
 Date Received: JUL 18 2018
 Date Due: 08/27/2018
 Grievance Code: 814
 Investigator ID #: I 2623
 Extension Date: _____
 Date Retd to Offender: AUG 21 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Nurses V. White & D. Williams, C.O.s D. Lacy & M. Casteel When? (7-11, 12, 13, 14-2018)
 What was their response? Nurses said I'm scheduled for provider / Officer Casteel said I'm not on list / Lacy said I got...
 What action was taken? (I deliberately got denied my medical appointment by Officer who had me.) SKIPPED...

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I have been waiting weeks to see a Provider or Doctor to get my medical passes renewed and get help for being constantly exposed to very bad air quality here on 12 Building due to no exhaust vents installed in the ceilings of every section of every Pod...

So after waiting from 6-15-2018 to 7-9-2018 I wrote to medical to try and figure out what happened ~ Nurses V. White & D. Williams both stated I am scheduled to see the Provider...

On 7-13-2018 my neighbor got pulled out for medical by Officer Dawanda Lacy and Michael Casteel, I asked them if I was on the list to go to medical and they both told me "no" ~ On 7-13-2018 I am in 2 Section dayroom for recreation on 12 Building A-Pod and Officer Dawanda Lacy comes to get A-15cell ~ I speak with her about my appointment to see the provider and she tells me a different story. She says that I got skipped on my appointment on Wednesday & Thursday, due to too many I.C.S.'s going on, but her and Casteel both lied and said I was not on the list Wednesday.

On 7-14-2018 Saturday ~ I go to medical and speak with on duty Nurses who check the computer and find out that I was scheduled to go to medical on 7-11-2018 and on 7-12-2018! I got deliberately SKIPPED and denied my medical treatment by Officer Michael O. Casteel who is one of the Officers who assaulted & battered me on 2-13-2018 during an excessive use of force and his co-worker Dawanda K. Lacy who went along with this corruption... This is a campaign of harassment, retaliation, and terror against me for pursuing legal relief for crimes committed against me on 2-13-2018 til now...

* I want my Victims Rights for the crimes against me on 2-13-2018 and I want full relief granted to me in the form of monetary damages and injunctions. I need protection from Prison Staff who deliberately injured me and Officials who let it happen and Authorities who are aware of the situation and still refuse to give me my Victims Rights or Relief. I need to be transferred to a medical unit like Estelle away from Anderson County and so I can be safe from the Staff who violated my rights and their friends or co-workers.

Action Requested to resolve your Complaint:

- Full relief requested above: Protection from Michael O. Casteel & other staff who hurt me & their allies. Immediate transfer away from Anderson County, Victims Rights.

Offender Signature: Tamon R. Casteel

Date: 7-17-2018

Grievance Response:

CO's Casteel and Lacy deny your allegations and report that R.N. Bussey advised that you were not scheduled for a medical lay-in on 07/11 or 07/13/18, therefore you were not denied for medical lay-in. Absent substantiating evidence in your favor, no further action is warranted.

Signature Authority:

Warden Kempt Date: 08/20/18
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

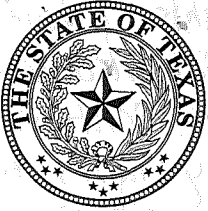
Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____
Grievance #: _____
Screening Criteria Used: _____
Date Recd from Offender: _____
Date Returned to Offender: _____
2nd Submission UGI Initials: _____
Grievance #: _____
Screening Criteria Used: _____
Date Recd from Offender: _____
Date Returned to Offender: _____
3rd Submission UGI Initials: _____
Grievance #: _____
Screening Criteria Used: _____
Date Recd from Offender: _____
Date Returned to Offender: _____

Carbon Copied



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: 2 Jamon Hestand TDCJ # 1343536
Unit: Michael Housing Assignment: 12E-33cell
Unit where incident occurred: Michael 12E102
Emergency

OFFICE USE ONLY

Grievance #: 2018166795
UGI Recd Date: SEP 06 2018
HQ Recd Date: SEP 12 2018
Date Due: 10/16/18
Grievance Code: 814
Investigator ID#: 18144
Extension Date: 11/25

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

It neglected to resolve the complaint and denied me any of my requested actions... I never did get to medical til 8-15-2018 and all they did on that day was change my diet & renew my medical passes & start a sinus medication. They saved all the serious stuff for 8-21-2018 when I saw Dr. Gary Wright who not only refused to do anything for me at all but also lied about the examination he did and tried to take my cane on computer after I left knowing very well that my right knee has osteoarthritis with tibiofemoral marginal osteophyte formation and joint space narrowing with arthritis in the joint... But I already filed a complaint on him for doing nothing and once I see the medical records I file another complaint about his lies and violations of my rights...

I did not get to medical at all for 2 solid months from 6-15-2018 to 8-15-2018 for the issues I was putting in for every single week during that time and when I finally do get down there, the Doctor Gary Wright tells me that he ain't doing nothing for me and he didn't do anything except get on the computer after I was gone and falsify reports and try to take my cane away...

All of this is being done to me very deliberately with evil intentions & evil motives in a conspiracy against my rights and in direct retaliation & harassment for seeking legal relief for all the crimes against me from February 13th, 2018 up til now. I have a bunch of evidence & so do y'all --- how many times did I get →

I-128 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

(Carbon Copied)

Appendix G

rescheduled 8 or 9 times. Outrageous lies. My Fedrol & Human Rights are being Violated by Warden Kempt et al while acting under color of State law which also very greatly increases my punishment way above & beyond what the State Court sentenced me to on December 2nd, 2005 specifically by conspiring et al against my rights, trying to cover up crimes, Cruel & Unusual Punishment, leaving me in a dangerous environment, etc.

Offender Signature: Jamon KemptDate: 4-3-2018

Grievance Response:

There was insufficient evidence to corroborate your allegations against Officer Casteel and Officer Lacey. Both staff indicate you were not scheduled for Medical on the dates in question, verified by Nurse Busby.

Signature Authority: C McPherson AND C McPhersonDate: 19 Nov 18

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

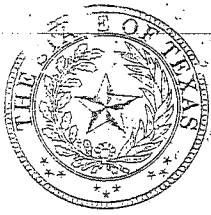
(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

(Carbon Copied)

20-121218



Texas Department of Criminal Justice

OFFICE USE ONLY

STEP 1

OFFENDER
GRIEVANCE FORM

(Carbon Copied)

Offender Name: Jamon Hestand TDCJ #: 1343536
 Unit: Michael Housing Assignment: T2A-3cell
 Unit where incident occurred: Michael

Grievance #: 2018075876
 Date Received: 11-3-2018
 Date Due: 4-20-18
 Grievance Code: 608
 Investigator ID #: T1908
 Extension Date: 11-4-18
 Date Retd to Offender: 11-26-2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Medical Staff When? from 6-15-2018 til now
 What was their response? Check into it / Scheduled to see Provider / Scheduled soon / Multiple Appointments/etc.
 What action was taken? Denied Medical Care, treatment, appointments, etc.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I have been trying to get to medical, Provider or Doctor for multiple issues such as: medical passes renewed, diet changed to meat free, being forced to breathe very bad air quality on a continuous basis, treatment for messed up or very hurt right knee, hurt left testicle / hurt right rib poking into lung when I breathe / hurt head with non stop throbbing headache / right nostril broken in between with proper breathing / non stop ringing in my ears that is seriously messing with my mind and I'm already mentally ill / hurt right hand/etc.

This denial of medical care is being done very deliberately and needs to be stopped immediately. I need medical attention and I have a lot of evidence about this and the escort team staff. I got a chance to speak to such as Officer Billy E Hamilton and others swear up and down that they never saw me on any list for a medical appointment and try to say that the medical clerk who makes the list is not putting me on the list -- what the hell? Someone is lying big time!

Either which way, this is being done deliberately to me and it is causing me to have even worse mental problems and I'm having very bad thoughts that I can recognize as ones that lead me back to Intensive Care Units and Psychiatric Hospital Units like Jester IV. There is no good reason for me not to be treated like a Human Being should be treated. I can't deal with this abuse and torture much longer. I feel awful and I'm gonna end up losing control again and it's not my fault at all. I'm mentally ill and I am being tortured & antagonized for seeking legal relief for crimes against me on February 13th 2018 til now. It's got to stop!

I have a pile of evidence about this issue/complaint and it's literally outrageous how I am being abused with my mental illness. I'm confused--- do y'all really think I am filing all these complaints for nothing? That's crazy to abuse me and violate my Human Rights when I have never personally hurt y'all in any type of way... That's completely Inhumane and y'all know what y'all are doing is very very wrong and indeed evil and no matter what there will be justice in some form or fashion which is simply the way the universe is plain & simple. What does inhumane treatment teach people? It makes me have evil thoughts that I never had before in my life every single day in prison and it's only one step from thought to action.

Action Requested to resolve your Complaint.

A full investigation including O.I.G. also. Proper medical care immediately. Transfer away from Anderson County. My Victims Rights for 2-13-2018

Offender Signature:

Tommy Heston

Date: 8-2-2018

Grievance Response:

Per chart review you were evaluated 6/26 by the provider for your ears and pain medication for muscular pain. You were not escorted to your scheduled provider apt 7/12, 7/19 and 8/9. 8/15 you were evaluated by the provider for the concerns you indicated in this grievance.

Signature Authority:

Pam Pau Pam Pau Practice Manager

Date: 10-24-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

RO-103118

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 2nd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 3rd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____

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Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand IDCJ # 1343536
 Unit: Michael Housing Assignment: 12E-72cell
 Unit where incident occurred: Michael 12E12
Regarding Grievance # 2018175876 from 8-2-2018

OFFICE USE ONLY

Grievance #: 2018175876
 UGI Recd Date: NOV 14 2018
 HQ Recd Date: NOV 14 2018
 Date Due: 12/29/18
 Grievance Code: U08
 Investigator ID#: 10352
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

It failed to resolve the complaint. It says it was returned to me on OCT 26th 2018 but I didn't get it back til OCT 31st 2018. I also turned it on 8-2-2018 but Investigator ID #1008 stamps it as Received on AUG 06, 2018 which is not true... Here it is November 10th 2018 and my Religious Diet of no Beef & no Impure Pork is still being violated. I'm in pain with no pain medication since the end of September. My right knee hurts like hell and pops when it bends. My cone pass is not renewed since Doctor Gary Wright tampered with my medical file & violated my rights on 8-21-2018. My rib on the right #9 still pokes my lung when I breathe & hurts continuously. Right nostril still broken and interfering with my breathing. Never ending headache and ringing sound in my ears. Left testicle still hurting. Right hand still in pain. Etc.

* Since February 13th, 2018 when I was seriously injured by prison officials and staff during an excessive use of force and had my property stolen by prison officials & staff, I have been either delayed medical care, had my medical file tampered with, been misdiagnosed, denied access to medical for months at a time, etc and regarding the February 13th 2018 Use Of Force injuries, it's my right knee that hurts real bad & pops when it bends and my 9th rib on the right side poking my lung as I breathe & with endless pain and my back at the bottom part which has sharp pain that goes down my right leg with random numbness and my right hand that always hurts and my forever headache that throbs & aches and the ringing sound I hear that never stops. I am being tortured and psyche meds don't stop the pain that I feel all over my body. I am ~

Seriously in pain non stop with a bunch of multi-site injuries that are not being taken care of regardless of my evaluation when in fact, I am not getting any therapy, no pain medication, no fixing my medical file, no renewal of my cane pass, no Religious Diet of no Beef and no Impure Pork, no solutions for my multi site injuries. I need long term Physical Therapy.

Offender Signature: *Tomon Hoston*Date: 11-4-2018

Grievance Response:

A review of the Step 1 medical grievance has been completed regarding your complaint you are being denied medical care. You feel this is being done to you deliberately, and is causing you to have very bad thoughts.

An appellate review of the medical grievance and clinical records indicates you were seen on 08/15/2018 regarding restricting meat from your diet because of your religion, and for allergy medication, front cuff and handcuff renewals, right knee injury, and having a red throat. Documentation shows your medical passes for a cane, no cuff behind back and the support are all in place with 2019 expirations. A referral for Physical Therapy was requested on 11/17/2018, showing an appointment for the PT in the middle part of January, 2019. You have a Hospital Galveston appointment for URO in the middle of January 2019. You were seen cell side for MH Outpatient on 11/12/2018 stating you were all right. On 11/13/2018 Clinic Note for Nursing was documented you were requesting your cane pass and Naproxen or Ibuprofen with referral to a provider. On 11/17/2018, you were seen in medical for chronic pain in right knee. You were seen on 11/19/2018 as a MH Outpatient and you stated you had no thoughts of self-harm. You were also seen 11/28/2018 for MH Therapeutic Diversion Program for follow-up reporting no issues or concerns. You are currently on a meat free, pork free diet as of 11/21/2018.

If you have other medical concerns, submit a Sick Call Request.

STEP 1 MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Signature Authority: _____

Date: 12/3/18

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

RO-011419



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

(Carbon Copied) 12 E 33

Offender Name: Jamon Hestond TDCJ # 1343536
Unit: Michael Housing Assignment: 12A-31cell
Unit where incident occurred: Michael
~Medical~

OFFICE USE ONLY	
Grievance #:	<u>2018173537</u>
Date Received:	<u>JUL 31 2018</u>
Date Due:	<u>9-14-18</u>
Grievance Code:	<u>1009</u>
Investigator ID #:	<u>1083</u>
Extension Date:	
Date Retd to Offender:	<u>AUG 13 2018</u>

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Psyche MS. Henderson When? 7-26-2018 at about 10:00am
What was their response? Deny me psyche treatment or support without consent form
What action was taken? tried to trick me back into Mental Health Therapeutic Diversion Program

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Psyche denied me psyche treatment or support because I refuse to sign a consent form to be in the Mental Health Therapeutic Diversion Program. The Psyche Clinician was "Ms. Henderson" she claimed...

"Ms. Henderson" came to me about an I-60 I put in on 7-25-2018 but tried to get me to consent to the "Mental Health Therapeutic Diversion Program" which had nothing to do with the I-60 I put in... Because I refuse to be in that program she denied me medical attention which is very wrong!

(Carbon Copied)

Action Requested to resolve your Complaint.

Medical attention to be given to me by psyche department staff without me having to be in Mental Health Therapeutic Diversion Program.

Offender Signature:

Date:

Grievance Response: Mental Health treatment is being provided to you. Your next provider treatment is scheduled for October. MS does not control medical appointment.

Signature Authority:

Pam Pace
Practice Manager

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12E-33cell
 Unit where incident occurred: Michael

OFFICE USE ONLY

Grievance #: 2018173537
 AUG 27 2018
 Cell Recd Date: AUG 24 2018
 HQ Recd Date: AUG 29 2018
 Date Due: 10/11/2018
 Grievance Code: 609
 Investigator ID#: 10352
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

It completely failed to resolve the complaint whatsoever nor did the response even address my specific issues whatsoever. In fact, Pam Pace the Practice Manager completely avoided the issues in my Step 1 Grievance that I wrote about. Pam Pace did this deliberately with evil intentions & evil motives to cover up this denial of Mental Health Treatment that was perpetrated by Ms. Henderson in an attempt to manipulate me back into a program that I do not want to be part of here on Michael Unit because of the crimes against me on February 13th 2018 when Prison Staff stole half my property, assaulted & battered me with serious injuries, and denied me proper medical care.

Pam Pace says I am being provided Mental Health Treatment? By whom? That is perjury on a legal document. ~ I never asked or mentioned anything about my next Provider Treatment. ~ This is another conspiracy against my rights to deny me access to Mental Health Care without trying to bully me into consenting to the "Mental Health Therapeutic Diversion Program" which I will not participate in on Michael Unit for any reason whatsoever. That Program has nothing to do with me receiving Mental Health Therapy or Care whatsoever and can not be used against me whatsoever.

My Human & Federal Rights are being violated by Practice Manager Pam Pace and Ms. Henderson while acting under color of State law for the Texas Department of Criminal Justice which also greatly increases my punishment above & beyond

(Carbon Copy)

What the State Court sentenced me to on December 2nd, 2005 specifically by deliberately delaying & denying me medical treatment, cruel & unusual punishment, conspiring against my rights, perjury, deliberate indifference to my serious mental health needs, inadequate mental health care, trying to manipulate me into the M.H.T.D. Program, etc. --- I seriously need to be transferred away from Anderson County and be given proper medical care/mental health care.

Offender Signature: Jamon HoustonDate: 8-25-2018

Grievance Response:

A review of the Step 1 Medical Grievance was completed regarding your complaint concerning denial of mental health (MH) services. Your grievance claims you were denied MH services on 07/26/2018 by the qualified mental health professional (QMHP) you named because you refused to sign the consent form for the Mental Health Therapeutic Diversion Program (MHTDP). To resolve this grievance you requested MH services without being in the MHTDP.

Electronic healthcare records reveal two sick call requests (SCR) were processed 07/26/2018; one to medical and one to MH reporting anxiety, anger, depression, and threats to 'strike'. The QMHP you listed attempted to interview you the same day, but you refused to sign the consent. The QMHP noted you were in no distress at that time. An additional interview was attempted on 08/16/2018, and the QMHP explained the need for the consent form. Records indicate you still refused, and asked to speak with the MH provider about the legalities of the form.

The appellate review agrees with the Step 1 response. There was no documentation found to suggest you were denied MH assistance. Records show you have been receiving MH medications (Tegretol, Effexor, Haldol, Benadryl), and the QMHP has attempted to interview you concerning your MH complaints in accordance with Correctional Managed Care Mental Health Services Policies A-4 and A-4P guidelines. Please be advised your MH provider appointment is scheduled for October 2018, at which time you may discuss the consent form. Grievance denied.

Signature Authority:

Date: 9-27-18

Returned because: *Resubmit this form when corrections are made.

- STEP II MEDICAL GRIEVANCE PROGRAM**
OFFICE OF PROFESSIONAL STANDARDS
TOCJ HEALTH SERVICES DIVISION
- ☐ 1. Grievable time period has expired
- ☐ 2. Illegible/Incomplete
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

Received On: OCTOBER 12th 2018



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

OFFICE USE ONLY	
Grievance #:	2019024269
Date Received:	
Date Due:	
Grievance Code:	
Investigator ID #:	
Extension Date:	
Date Retd to Offender:	

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12E-33
 Unit where incident occurred: Michael & TDCJ Health Services Division

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Pam Pace & CGO Inv. ID # IO352 When? 8-9-2018 and 9-27-2018

What was their response? Negative.

What action was taken? Civil Rights Violated by Pam Pace & CGO Inv. ID # IO352

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Regarding Grievance #2018173537...

My Human & Federal Rights are being violated by Central Grievance Officer Investigator ID # IO352 and Practice Manager Pam Pace while acting under color of State law which increases my punishment way above & beyond what the State Court sentenced me to on December 2nd 2005 specifically by conspiring against my rights et al, depriving me of my rights under color of law, violating my Protected Conduct of filing Grievances by attempting to cover up the fact that I am being denied Mental Health Care/Therapy without being manipulated in signing a consent form that puts me back into the Mental Health Therapeutic Diversion Program that I refused 3 times already and which has nothing to do with me getting individual psyche care/therapy from a Qualified Mental Health Clinician or Provider and so my Equal Protection of Law Rights have also been violated by these individuals due to my mental illness, falsifying records by deliberately lying on Official I-128 & I-127 documents by first in the I-127 stating that I am getting Mental Health treatment when in fact I still have no Clinician because of the consent form of which has been designed to manipulate me back into the Mental Health Therapeutic Diversion Program which I want no part of here on the Michael Unit and on the I-128 Investigator ID # IO352 stated that on 7-26-2018 QMHP noted I was in no distress at that time which is a lie because I was stressed out about Ms. Phyllis M. Henderson trying to manipulate me into the MHTD Program by otherwise denying me Psyche Care/Therapy which is exactly what she did to me and also Inv. ID # IO352 states that there is no documentation that was found to suggest I was denied MH assistance which

is an absurd lie since Ms. Henderson clearly denied me Mental Health assistance without manipulation into MHTD program and as I later found out she also tampered with my medical file with a fake diagnosis & evaluation on 7-26-2018 and finally Investigator ID # I0352 states that the QMHP "Ms. P. Henderson has attempted to interview me concerning my MH complaints in accordance with Correctional Managed Care Mental Health Services Policies A-4 and A-4P guidelines ~ neither of which has anything to do with denying someone Mental Health assistance if they refuse to sign a consent form for the Mental Health Therapeutic Diversion Program so that's another outrageous lie, cruel & unusual punishment by helping to deny me Mental Health Care & causing me severe mental & emotional pain & suffering, etc.

Action Requested to resolve your complaint: Investigate Grievance # 2018173537 & this one properly & ethically. Transfer me away from Anderson County to a medical unit. Grant requested actions in both Complaints immediately.

Offender Signature: [Signature] Date: 10-20-2018

Grievance Response: [Signature] OCT 22 2018
NOV 07 2018

Signature Authority: _____ Date: _____
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☒ 1. Grievable time period has expired. 7-26-18
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☒ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant. Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. * M. Price
- ☐ 11. Inappropriate. * Investigator III

UGI Printed Name/Signature: [Signature]

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

Carbon Copied

OFFICE USE ONLY

Initial Submission UGI Initials: TR

Grievance #: 2019024269

Screening Criteria Used: 999 #1

Date Recd from Offender: OCT 22 2018

Date Returned to Offender: OCT 22 2018

2nd Submission UGI Initials: [Signature]

Grievance #: 2019024269

Screening Criteria Used: #1, 999

Date Recd from Offender: NOV 01 2018

Date Returned to Offender: NOV 01 2018

3rd Submission UGI Initials: [Signature]

Grievance #: 2019024269

Screening Criteria Used: #1, 999

Date Recd from Offender: NOV 07 2018

Date Returned to Offender: NOV 07 2018



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

(Carbon Copied) 12E72

Offender Name: Jomon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12E-33cell
 Unit where incident occurred: Michael

OFFICE USE ONLY

Grievance #: 2018188730
 Date Received: AUG 25 2018
 Date Due: 10/13/2018
 Grievance Code: 609
 Investigator ID #: I2623
 Extension Date: 11/27/18
 Date Retd to Offender: NOV 15 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when RO-INS18
 appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Psyche Ms. Henderson When? 8-15-2018
 What was their response? Will not talk to me unless I consent to the Mental Health Therapeutic Diversion Program
 What action was taken? I do not want to be in that program so I was denied psyche treatment/care.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I put an I-60 in to the Psych Department to Dr. David Stebbins on 8-14-2018
about serious issues including the crimes against me on February 13th, 2018 and about
the retaliation & harassment I've had to deal with since then... Also about how on
7-25-2018 Psyche Clinician denied me medical attention because I refuse to sign a
consent form for the "Mental Health Therapeutic Diversion Program". --- Do I get
a response from Dr. David Stebbins? --- No, I get Psyche Clinician again coming
to my cell on 8-15-2018 once again trying to manipulate back into the "Mental Health
Therapeutic Diversion Program" again and if I refuse that, then I get refused
Psyche Care completely which is very wrong... Psyche Clinician Ms. Henderson...

I am being deliberately denied Psyche Treatment or Therapy because I
refuse to be manipulated back into the "Mental Health Therapeutic Diversion
Program." My Human & Federal Rights are being violated by Ms. Henderson which
also very greatly increases my punishment above & beyond what the State Court
sentenced me to on December 2nd 2005 specifically by denying me Psyche Care
without manipulation, cruel & unusual punishment, violating my equal protection of the
law rights due to my mental illness, interfering with my mail going to Dr. David Stebbins,
conspiring against my rights with others to deny me medical care if I do not consent
to MHTD Program again; violating my due process rights, ignoring serious medical nee-
ds because I refuse to be manipulated, etc.

This has been done to me with evil intentions & evil motives with deliberate
indifference to my Mental Health and also gross negligence because these people
know very well that I have a serious psyche history with suicide attempts that -->

led me to freeworld hospitals and Intensive Care Units and also Psychiatric Facilities --- but they still want to play manipulation games with me over a stupid program that I signed 3 refusals for and never wanted to be part of in the first place but loved when I got here April of 2017 and was making progress until February 13th, 2018 when prison officials & staff stole half my property then assaulted & battered me with serious injuries. And now I am refused psyche care. Because I don't want to be in a program where I got beat up, had my property stolen and still can't get my injuries fixed over 6 months later. --- I hope all of you individuals keep this same corrupt and criminal attitude when we get to that Federal Court Room in front of that Federal Judge & Jury because I refuse all settlements.

Action Requested to resolve your Complaint.

* Transfer me away from Anderson County immediately.
A full investigation & evidence saved for litigation. Stop trying to manipulate me into MHTD Program on Michael Unit. Stop denying me Psyche Therapy. Stop conspiring against my rights. Stop torturing me!

Offender Signature: James R. Henderson

Date: 8-28-2018

Grievance Response:

The consent form is generic. You may refuse any aspect of treatment you want, but the program employees cannot do clinical interviews without a consent form. As long as you refuse consent to treat forms, you will not be seen for clinical interviews. Feel free to write on the consent form for sick calls only.

Signature Authority:

Pam Pace
Practice Manager

Pam Pace

Date: 9/11/18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

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FEB 20 2019



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Estelle Housing Assignment: 12E-62 cell
 Unit where incident occurred: Michael

OFFICE USE ONLY

Grievance #: 2018188730
 UGI Recd Date: NOV 30 2018
 HQ Recd Date: DEC 03 2018
 Date Due: 1/14/19
 Grievance Code: 1009
 Investigator ID#: 10352
 Extension Date: _____

BO-022019

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

It failed to resolve the complaint # 2018188730 and avoided my requested actions. Pam Pace states that the consent form is generic which is not true at all. The consent form very clearly was a ruse to try and get me back into the Mental Health Therapeutic Diversion Program where I had my property stolen by Prison Staff and got assaulted & battered with serious injuries by Prison Staff without any Psychological or Psychiatric Intervention beforehand on February 13th 2018 here on Michael Unit. The Psyche Department has done nothing to help me with that issue but screw me over non stop? Where were they when I needed them on February 13th 2018? No-where to be seen while my Human & Civil Rights were being violated by Prison Staff! The consent form was an attempt to get me beat up again by Prison Staff and injured and denied medical care and have my property stolen again like what happened to me in the Mental Health Therapeutic Diversion Program last time on February 13th 2018? Pam Pace is an evil woman Practice Manager who is out to get me in a bad way. I know I have to watch my back when she is around because she violates my rights in every single Grievance I write about any medical issues every single time. She is seriously agitating my mental illness with her endless attempts to conspire with others against my rights and obstruct justice for what is obviously wrong evil behavior being used against me by her cohorts. I was denied Mental Health Care aside from medication for over 4 months straight!!! Since I refused that sorry program where

I got beat up real bad by staff and had my property stolen. What is generic about that?? Huh?? I'm still hurt up to this very day because of that stupid program that tortured me. Pam Pace makes me feel sick inside. She is evil. All she does is violate my Protected Conduct of filing Grievances every single time to oppress me and torture me.

Offender Signature: Jamon Horton

Date: 11-29-2018

Grievance Response:

A review of the Step 1 Medical Grievance has been completed regarding your complaint concerning denial/delay in accessing mental health (MH) services. Your grievance claims the mental health clinician (MHC) you named denied you MH services because you refused to sign a consent form. Additional complaints include attempts to manipulate you into restarting the Mental Health Therapeutic Diversion Program (MHTDP), the MHTDP Program Director not responding to your sick call requests (SCR), and non-treatment for a use of force (UOF) in February 2018. To resolve this grievance you want MH services and a unit transfer.

There was no evidence of denial/delay in accessing MH services found in your electronic healthcare records (EHR). Your MH medications (Tegretol, Effexor, Haldol) are current, and your Benadryl dosage was recently increased by the MH provider. A new MHC was assigned to you, and you signed the consent for MH treatment form. The MHTDP Program Director also met with you one on one to address your concerns. Additionally, the physical therapy (PT) referral for your right knee was approved, and you have an appointment scheduled.

The appellate review agrees with the Step 1 response. Furthermore, all issues listed in this grievance have been previously investigated and responded to. You may wish to refer to Step 2 Medical Grievance responses on 2018096056, 2018116785, 2018186369, 2018173537, and 2019019437 for more information. Grievance denied.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL SERVICES
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 1/11/19

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

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Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

(Carbon Copied)

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12E-33cell
 Unit where incident occurred: Michael

~ Medical Malpractice ~

2019016855
 OFFICE USE ONLY
 Grievance #: 2019016855
 Date Received: OCT. 05 2018
 Date Due: 11-19-18
 Grievance Code: 665
 Investigator ID #: 11008
 Extension Date: _____
 Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? * Medical Records When? 9-19-2018
 What was their response? Found out Ms. Phyllis M. Henderson "MHC" falsified my medical file
 What action was taken? She lied on my medical file with fake evaluation & diagnosis of me

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

This corrupt individual comes to my door on 7-26-2018 around 10:10am and tries to trick me back into the Mental Health Therapeutic Diversion Program by telling me she want talk to me with signing a consent form for the foarsaid program. I refused and she walked away

Later, I review my medical records and notice that after walking away from my cell after I refused to sign the consent form, she went and got on her computer and filled an entire evaluation & diagnosis of my mental health "as if" I did a whole therapy session in her office when in fact she was only at my cell door for about one minute or so and obviously I did not sign any consent for her doing anything at all and now I never will!!!

* She falsified my medical file ~ she said my Social Maturity is irresponsible and I'm Self Centered ~ my Social Judgement is predatory and so on and so forth ~ she mentioned alot about me at my cell door in one minute on that falsified medical file that I am completely mind bagged where or how she got all that false information when she refused to speak with me without me signing the consent form which I did not do!

I am being denied psyche therapy completely here on Michael Unit and I can not trust any of them anyways. I intend to get my hands on my entire medical file and I know from the little I see now that up against serious Human & Fedrol Rights violators and I will legally challenge all of it! These actions by Phyllis M. Henderson show a case of medical malpractice and also ~

major violations against my Human & Federal Rights such as violating my equal protection of the law rights due to my mental illness by illegally falsifying my medical file deliberately which has tortured me since I found out how she violated me behind my back by causing me extreme mental & emotional pain & suffering. She already tried to manipulate me into a program I don't want and then she goes and makes up a fake evaluation & diagnosis of me on top of that? -- It's outrageous and is most definitely cruel & unusual punishment to mess with my mind like that on purpose. She has no business lying on my medical file at all. It's literally infuriating & she has done nothing for me but lie on my medical file and agitate my mental illness.

Full relief granted to me. * Keep her away from me. A full investigation with OIG. Everything Ms. Phyllis M. Henderson has put on my medical file removed immediately. Protection from her always. Proper & legitimate psyche therapy given to me without manipulation.

Offender Signature: James Weston Date: 10-2-2018 NOV 01 2018
Grievance Response: OCT 05 2018
NOV 07 2018

Signature Authority: _____ Date: _____
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☒ 9. Redundant, Refer to grievance # 2018188730
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

M. Price
Investigator III
UGI Printed Name/Signature: J. Hamey

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: Very

OFFICE USE ONLY	
Initial Submission	UGI Initials: <u>TP</u>
Grievance #:	<u>2019016855</u>
Screening Criteria Used:	<u>699 #9</u>
Date Recd from Offender:	<u>OCT 05 2018</u>
Date Returned to Offender:	<u>OCT 05 2018</u>
2 nd Submission	UGI Initials: <u>TP</u>
Grievance #:	<u>2019016855</u>
Screening Criteria Used:	<u>#9, 2099</u>
Date Recd from Offender:	<u>NOV 01 2018</u>
Date Returned to Offender:	<u>NOV 01 2018</u>
3 rd Submission	UGI Initials: <u>TP</u>
Grievance #:	<u>2019016855</u>
Screening Criteria Used:	<u>#9, 2099</u>
Date Recd from Offender:	<u>NOV 07 2018</u>
Date Returned to Offender:	<u>NOV 07 2018</u>

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Received Back On:
October 30th, 2018



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORMCarbon Copied

OFFICE USE ONLY	
Grievance #:	<u>2019019437</u>
Date Received:	<u>OCT 17 2018</u>
Date Due:	<u>11/25/18</u>
Grievance Code:	<u>409</u>
Investigator ID #:	<u>I2623</u>
Extension Date:	
Date Retd to Offender:	<u>OCT 19 2018</u>

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12E-33cell
 Unit where incident occurred: Michael

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? MHC ~ Ms. Phyllis M. Henderson When? 10-8th-2018
 What was their response? Responded to I-60 to Dr. Stebbins / lied about tampering with my medical file/etc.
 What action was taken? damaged I-60 / Blocked personal interview with Dr. Stebbins / lied about my medical file.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On 10-5-2018 I sent an I-60 to Dr. Stebbins and it was stonewalled and intercepted by MHC ~ Ms. Phyllis M. Henderson who I have filed 2 complaints on already before this. The I-60 says "REC'D OCT 06 2018".

On 10-8-2018 at about 10:40am in 12 Building E-Pad 1-Section Recreation Dayroom this forementioned individuals approaches me making conversation saying She is my Clinician and thats why shes answering my I-60 to Dr. Stebbins. I told her that not only did I not consent to her being my Clinician at any time but I told her how I found out that she falsified a fake diagnosis & evaluation of me on my medical file for 7-26-2018. ~ She denied doing it but I told her I checked my medical records and found out what she did.

She has no business stopping my I-60 from reaching Dr. Stebbins and also when I get the I-60 back it's torn and missing a piece. She is not my Clinician and theres no way I will consent after she completely violated my trust and my Human & Federal Rights. She cannot be trusted at all according to her actions against me already. She is corrupt and does not want me to communicate with Dr. Stebbins as she has already intercepted 2 I-60s going to Dr. Stebbins and sent them back to me and I have never consented to her doing anything and since I caught her tampering with my medical file already, I will never consent to her doing anything at all regarding my psyche care or treatment. She violated my equal protection of the law rights due to my mental illness and had/had me very angry which has amplified the pain I feel in my head all the time. She is also violating taxpayers who pay for her misconduct. This is very cruel & unusual ~

punishment and she most definitely knew what she was doing as she falsified my medical file with a fake evaluation & diagnosis of me that I never did consent to at any time whatsoever

Action Requested to resolve your Complaint.

A full investigation about this. Give me a Clinician for Mental Health who will not violate my Human & Federal Rights. Let me communicate with Dr. Stebbins. Protection from Ms. P. Henderson.

Offender Signature:

Tamara Henderson

Date:

10-11-2018

Grievance Response:

Ms. Henderson did not diagnose you. That occurred in 2011. All the clinicians answer sick calls for me and consult with me on answering them, yours included. Ms. Henderson consulted with me. I am assigning another clinician to you:

Pam Pace
Practice Manager

Signature Authority:

Pam Pace

Date: 10/16/18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because:

*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

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JAN 24 2019

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Texas Department of Criminal Justice

STEP 2

OFFENDER GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
Unit: Michael Housing Assignment: 12E-33cell
Unit where incident occurred: Michael
Far Grievance # 201901437

OFFICE USE ONLY

Grievance #: 201901437
UGI Recd Date: NOV 07 2018
HQ Recd Date: NOV 09 2018
Date Due: 12/22/18
Grievance Code: LED9
Investigator ID#: I0352
Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

It failed to resolve the complaint due to the fact that Practice Manager Pam Pace is deliberately trying to cover up the false information that Ms. Phyllis M. Henderson "MS-MHC" put on my medical file on 7-26-2018 when I never consented to Her doing anything at all! Pam Pace claims Ms. P. Henderson did not diagnose me and that was done in 2011... I've been Diagnosed & Evaluated a whole bunch of times since 2011 and what Ms. P. Henderson did on my medical file falls completely within the very definition and parameters of Diagnosis & Evaluation so here Pam Pace falsified a legal document in Grievance #201901437 which is Protected Conduct under the Federal Law. Also, Pam Pace claims Ms. Henderson consulted with Her. She also claims that all Clinicians answer sick calls for Her and consult with Her on answering them, mine included --- really?? So everyday all the Clinicians are consulting with Pam Pace about every sick call?? and Pam Pace is responsible for more than just Michael Unit and what about non-psyche sick calls?? I'm talking about hundreds of sick calls every week on Michael Unit alone much less involving other Units She is responsible for. But just here on 12 Building with the Mental Health Therapeutic Diversion Program being operated and all the incarcerated persons on this entire unit on the Psyche Case Load/File ~ How many just Psyche sick calls does medical department receive each day alone on average?? Then go ahead and toss Her other responsibilities on top of all that--- Her claim is literally impossible--- although She is responsible for Her subordinates actions, theres no way She can consult with everyone about ~

every sick call that comes into the Medical Department. That's why there is a chain of command to delegate or assign certain responsibilities so things get done fluidly as possible. Yes, the Leader is responsible but no, the Leader can not keep track of every little detail all at one time. Leaders can randomly or systematically check on details individually to fix them. So another false statement made.

Offender Signature: *Jason [Signature]*Date: 11-2-2018

Grievance Response:

A review of the Step 1 Medical Grievance was completed regarding your complaint concerning a denial/delay in accessing mental health (MH) care. Your grievance claims the qualified mental health professional (QMHP) you named intercepted your sick call request (SCR) to the program manager on 10/05/2018. To resolve this grievance you requested an investigation, new MH clinician, to speak with the program manager, and protection from the QMHP you named.

Electronic healthcare records (EHR) reveal an SCR was processed 10/06/2018 in which you asked to speak with the program manager. You were seen two days later by the QMHP you named, however, you refused to sign the MH consent form and the visit was terminated. A new MH clinician was assigned to you and he attempted to interview you 10/17/2018, but you refused to sign the MH consent form again. Your new MH clinician interviewed you 10/22/2018 after you signed the MH consent form, and requested a meeting with the program manager on your behalf. No additional SCR's to MH have been processed.

The appellate review agrees with the Step 1 response. Your SCR was screened appropriately and in accordance with Correctional Managed Care Mental Health Services Policies A-4 and A-4P guidelines. Additionally, you have already been assigned a new MH clinician. Please be advised your claims of false documentation in your EHR were responded to on Step 2 Grievance #2018173537. Grievance denied.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 12/17/18Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

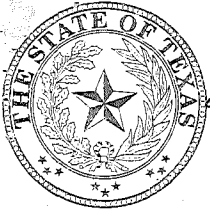
Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

Offender Name: Jamon Hestond TDCJ # 1343536
 Unit: Michael Housing Assignment: 12E-72cell
 Unit where incident occurred: Michael 12E 62

OFFICE USE ONLY

Grievance #: 20190383312
 Date Received: NOV 19 2018
 Date Due: 1/3/19
 Grievance Code: LE04
 Investigator ID #: 11983
 Extension Date: _____
 Date Retd to Offender: DEC 06 2018
RD ~ 120618

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Medical Records When? 11-02-2018
 What was their response? Gave me information from my medical records
 What action was taken? Found out MHCM N.K. Brack wrote bogus information on my medical file.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I Found MHCM Nanette K. Brack put bogus information on my medical file on 10-4-2018 and that makes me wonder what else She put on my file like as if I'm OK. I'm not OK! Ever since February 13th 2018 I have been denied my Victims' Rights and I've been harassed non stop for trying to exercise my access to courts rights and denied access to medical or misdiagnosed or refused medical attention altogether or given inadequate treatment. As for the Psyche Department, I've had problems since February 13th 2018 up til 11-1-2018 when I spoke to Dr. David Stebbins and I've told Ms N.K. Brack but she puts on my file that I said "I'm alright" - no issues or concerns!

What's wrong with Her?? That's really messed up that I can't trust the Psyche Department Staff to be Honest and Professional. That seriously agitates my mental illness. It makes me paranoid as hell on top of everything else I'm dealing with. It's wrong! All the stuff she filled in on my file ~ She don't ever spend that amount of time at my door talking to me to analyze me like that and she also does not take notes to back any of that nonsense up.

Because of this finding, I now have to question what She has put on my file for every single week I've been on Her caseload!! She is just filling in the blanks basically and not taking people serious that are mentally ill and put whatever She feels like on our medical files. That's outrageous and very cruel & unusual punishment. I look forward to examining my whole medical file ~ I imagine I'm in for some ugly revelations ~

on my medical file that I'm sure not gonna like at all

In this case it seems to be deliberate indifference to my serious mental health needs and plain laziness. You need more case managers to lighten the load on individuals perhaps but there's no excuse for falsifying information on my medical file. Either do it right or don't do it at all.

Action Requested to resolve your Complaint:

Ethical Conduct by Mental Health Case Manager N.K. Brock... No falsifying information on my medical file. Hire more case managers to lighten case loads.

Offender Signature:

Tamon Hexton

Date:

11-14-2018

Grievance Response:

Ms. Brock is doing stats checks to see if you are in immediate crisis. We know, because of your diagnosis that you suffer from multiple symptom related problems. We know you are not symptom free, or cured from your diagnosis.

Signature Authority:

Pam Pace
Practice Manager

Pam Pace

Date:

11/27/18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (1-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant. Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

-127 Back (Revised 11-2010)

Carbon Copied

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
Unit: Michael Housing Assignment: 12E-62cell
Unit where incident occurred: Michael
Medical / Psyche Department / Due Process violation

FEB 20 2019	
OFFICE USE ONLY	
Grievance #:	<u>2019038336</u>
UGI Recd Date:	<u>DEC 21 2018</u>
HQ Recd Date:	<u>JAN 03 2019</u>
Date Due:	<u>2-4</u>
Grievance Code:	<u>004</u>
Investigator ID#:	
Extension Date:	<u>RO-02 2019</u>

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...
it did not resolve the Grievance #2019038336 and it avoided my requested actions and also avoids the fact that MHCM Nanette K. Brock has violated my Human & Civil Rights by putting false information on my medical file which was clearly untrue... Pam Pace the Practice Manager has once again violated my Protected Conduct of filing Grievances and interfered with my access to courts rights and has again exacerbated my mental illness due to the fact that I'm trying to be treated with Human Dignity & Respect as a Human Being and all I get from these Prison Officials & Staff is torture and very cruel & unusual punishment non stop. It makes me sick inside to be so mistreated all these years by other Humans who are working under color of State law so they are supposed to represent the people in Society but all they do most of the time is seriously violate Human & Civil Rights and waste Taxpayers hard earned money.

These Prison Officials & Staff are evil representatives and are anti social, anti Human monsters who only care about money rather than Humanity

Offender Signature: _____

Date: 12-21-2018

Grievance Response: _____

A review of the Step 1 Medical Grievance was completed regarding your complaint against mental health (MH) staff. Your grievance claims the MH case manager (MHCM) you named falsified your records by documenting you have no concerns during status check/case management visits. To resolve this grievance you asked for no false information to be put into your chart, and for more MHCM to be hired.

Electronic healthcare records (EHR) reveal several instances of you submitting a sick call request (SCR) for MH services, but then refusing to sign the consent form to allow the clinician to speak with you. During your recent psychiatric provider visit, your only complaint was about side effects from Haldol, which was addressed at that time. EHR indicates you have been seen by the medical provider over a dozen times since 02/13/2018, and treatment was given as indicated. You have multiple upcoming appointments in January and February 2019.

The appellate review agrees with the Step 1 information. Additionally, Correctional Managed Health Care Policy H-61.1 explains you may begin the records review process by sending an SCR to the Medical Records Department. There was no documentation found to suggest you were denied access to MH or medical care. It is within your best interest to participate in your own treatment plan and attend all of your upcoming appointments. Please be advised the hiring of unit staff is not under the purview of this office. Grievance denied.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 1/24/2019

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

OFFICE USE ONLY

Grievance #: 2019092311
 Date Received: MAR 12 2019
 Date Due: 04/21/19
 Grievance Code: 608
 Investigator ID #: J21608
 Extension Date: 6/10/19
 Date Retd to Offender: JUN 03 2019
 RA-60819

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12D-33cell
 Unit where incident occurred: Michael 12 E 19
 Medical/Deliberate Indifference

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
 Who did you talk to (name, title)? Medical Department When? From December 13th, 2018 to March 12th, 2019
 What was their response? Scheduled for Provider or Re-scheduled etc.
 What action was taken? Denied access to medical provider on purpose for 89 days...

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Out of the last 89 days, I was off the Unit for about 17 days but the Medical Department Staff who make appointments have full access to my current schedule of exactly when I'm going on medical transport/chain and so there's no good reason at all that I have been denied access to a medical Provider for the 72 days where I have been on the Unit and counting...

The reasons for this medical Provider appointment have to do with injuries I received on February 13th 2018 when Prison Staff assaulted & battered me with serious injuries that still have not been taken care of such as my hurt back, a rib on my right lower side that pokes my lung as I breathe, a ringing sound in both my ears that never stops, hurt right hand, endless headaches, etc. ~ then there's my right nostril that's broken over which adversely affects my breathing along with the very bad air quality on 12 Building due to dust in the vents/mold in the walls/and no built in Exhaust Vents on each section of every pod to pull out bad air when necessary and my fractured right foot and aside from a Knee brace and physical therapy that didn't work, nothing has actually been done about my right Knee either that was hurt on February 13th 2018 also from Prison Staff hurting me...

This is not the first time this same medical department has deliberately put off my Provider appointments for long periods of time... It's an ongoing conspiracy against my rights and straight up torture to be forced to suffer in pain for over a year and still be denied proper medical care for my serious medical needs! That's incredible cruel & unusual punishment! It's literally madness to be left in pain every single day for so long in complete ~

disregard for my health & well being. It's hateful, in humane, and corrupt. I am very agitated and struggle with many very negative thoughts and feelings while each day goes by in mental, emotional, and physical pain and suffering. These people working under color of State law make me feel sick inside as they conspire against my rights with others on purpose with very evil intentions and evil motives against me. I have had thoughts about all these people involved in violating my Human & Civil Rights on a regular basis. I feel actual pain in several parts of my body every day.

Action Requested to resolve your Complaint: stop retaliating against me and making me suffer. Stop conspiring against my rights. Quit denying me access to medical providers & serious medical care. Quit making me suffer on purpose. Protection from bad medical staff.

Offender Signature: Tamara Westlund Date: 3-12-2019

Grievance Response:

Per chart review you were evaluated by the nurse 3/8. The nurse referred you to the provider. 3/16 you were evaluated by the provider concerning your hearing test results, ribs and back injury. The provider ordered you medication, x-ray and referral to ENT. You are not being denied medical treatment.

Pam Pace
Practice Manager

Signature Authority: Pam Pace Date: 5.31.19
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

Carbar



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
Unit: Michael Housing Assignment: ~~19E12~~
Unit where incident occurred: Michael

OFFICE USE ONLY

Grievance #: 2019092311
UGI Recd Date: JUN 20 2019
HQ Recd Date: JUN 27 2019
Date Due: 08-04
Grievance Code: 1008
Investigator ID#: I0352
Extension Date: 20-072419

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Pam Pace deliberately ignored the facts in Grievance #2019092311 which specifically shows 76 days that I could not get to the provider appointments at all out of 93 days at least and the fact that nothing has actually been done to fix the multiple injuries up to this very day since I keep being denied actual medical care that will truly fix any of my injuries that Prison Employees caused in the first place! Pain meds don't solve the problem and only slightly alleviates it.

Then when I did make it to the provider the x-ray proved something is wrong with my back after I have been lied to a bunch of times before and still nothing has been done to go beyond the x-rays to the next step and here it is June 19th 2019 and I sure never made it to ENT "Ears/Nose/Throat" at Hospital Galveston and I still hear a never ending ringing peircing sound in both ears. Any medication that I was given ran out except the pain meds. So all in all none of the medical problems I brought up have been solved with any real treatment that will help me feel better overall with multiple injuries that I've listed in the Step 1 Grievance. So Pam Pace is once again violating my Protected Conduct of Filing Grievances by obstructing resolutions to my serious medical needs on purpose which She has been doing for a long time now and She completely ignored my very legitimate requested actions once again.

(Carbon Copied)

Offender Signature: *Tamon Heston*

Date: *6-18-2019*

Grievance Response:

A review of the Step 2 medical grievance has been completed regarding your complaints of being denied access to a medical provider. You stated you were injured on 2/13/2018 and need to see the provider about this injury. You said you have been denied access to the provider by the actions of the medical staff.

Review of the electronic medical record indicated you have been seen by the provider for your injuries in 2018. Most recently, you were seen by the provider on 6/13/2019 and again on 6/20/2019. Your medical concerns have been addressed. Documentation indicates you did not attempt informal resolution of your medical concern with the medical supervisory staff. You must first attempt resolution through this process. Per the Offender Orientation Handbook, you have 15 days from the date of the incident of your complaint to file your Informal Resolution Attempt. Please refer to the Offender Orientation Handbook for the correct process to file a formal complaint. If you have questions regarding this process, you should contact your Unit Grievance Officer for assistance in filing your complaint correctly.

All medications, treatments, and referrals are based on the clinical findings of the provider at the time of their assessment. While you maintain the right to refuse any services offered, you do not have the liberty to dictate what medications, treatments, or appointments will be prescribed. Appellate review supports the response offered at Step 1. No further investigation is warranted at this time.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Grievance Response:

Signature Authority:

Date:

7/1/19

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature:

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

(Carbon Copied)

Offender Name: Jamon Hestond TDCJ # 1343536
 Unit: Michael Housing Assignment: 12D-33cell
 Unit where incident occurred: Michael
Medical Records Access Denied

OFFICE USE ONLY	
Grievance #:	<u>201910R022</u>
Date Received:	<u>APR -01-2019</u>
Date Due:	<u>5-12-19</u>
Grievance Code:	<u>2052</u>
Investigator ID #:	<u>I 1083</u>
Extension Date:	<u>2-30-19</u>
Date Retd to Offender:	<u>JUN 27 2019</u>

RO-06274

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Medical Records When? 2-5-2019 and 3-4-2019

What was their response? You will be scheduled or You will be seen for Medical Records

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Twice I wrote to review my medical records and have been denied access to my records for Oct. 24th 2018, Jan. 16th 2019, Jan. 18th 2019, Jan. 28th 2019, Jan. 31st 2019, Feb. 13th 2019, Feb. 25th 2019, and Mar. 1st 2019 between those 2 separate request and it's been almost 2 months altogether and I have been denied access to those records so far and I fail to see how it could be an accident after an entire year of retaliation & harassment against me especially since February 13th 2018 when Prison Officials & Staff seriously violated my rights and I began trying to exercise my access to courts rights to build a massive legal challenge but have been subjected to a Campaign of Harassment with many Prison Officials involved in a conspiracy against my rights together that's ongoing here on Michael Unit! Its torture non stop!

(Carbon Copied)

Action Requested to resolve your Complaint.

Stop Conspiracy & Retaliation against me here on Michael Unit. Let me review the forementioned dates for my medical records immediately? Stop Harassing me in the medical department!

Offender Signature: [Signature]

Date: 3-24-2017

Grievance Response:

Per chart review you reviewed your medical records 2/1 and 2/6. You are not being denied access to review your medical records. If you need to review your records please submit a I-60.

Pam Pace
Practice Manager

Signature Authority: [Signature]

Date: 4-14-19

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

JGI Printed Name/Signature: _____

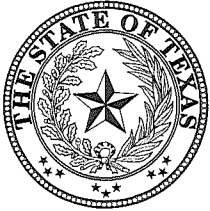
Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<u>2nd Submission</u>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<u>3rd Submission</u>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



(Carbon Copied)

Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
Unit: Michael Housing Assignment: 12E-18
Unit where incident occurred: Michael

OFFICE USE ONLY

Grievance #: 2019101628
UGI Recd Date: JUL 18 2019
HQ Recd Date: JUL 22 2019
Date Due: 7-18
Grievance Code: 652
Investigator ID#: 10352
Extension Date: NO-081919

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

It did not resolve the issue at all in Grievance #2019101628 because me reviewing my medical records on 2-1-2019 has nothing to do with the complaint whatsoever which is about the following request I made for reviewing my medical records after that day and I did not get to see my medical records again til 4-16-2019 over 2 months later so Pam Pace has once again violated my Protected Conduct of filing Grievances to obstruct justice and deny me my requested actions...

(Carbon Copied)

Offender Signature: James HestonDate: 7-9-2018

Grievance Response:

A review of the Step 2 medical grievance and documentation has been completed regarding your medical complaint you have submitted numerous sick call requests (SCR) to view your medical records and are being denied access.

An appellate review of the Step 2 medical grievance and clinical record indicates the response at Step 1 is appropriate. Upon further review of your electric health records, documentation indicates you must first sign a release of protected information form (PHI) before you may view or receive your medical records. The last signed PHI form was from 04/12/2016. Documentation from 04/16/2019 indicates you signed a current PHI and viewed your records. Keep in mind medical records has up to 15 calendar days after the date of request to allow viewing of records. Please refer to Correctional Managed Health Care (CMHC) policy H-61.1 regarding confidential and release of protected health records.

Further review indicates you did not attempt an informal resolution of your medical concern with the supervisory staff member. Please refer to CMHC policy A-12.1, attachment A, regarding getting medical treatment. No further action is warranted at this time through the grievance process.

STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Offender Signature: _____

Grievance Response: _____

Signature Authority: _____

Date: 7/24/19

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission****CGO Initials:** _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission**CGO Initials:** _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission**CGO Initials:** _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

I-128 Back (Revised 11-2010)

Appendix G



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12A-58 cell
 Unit where incident occurred: Michael
Denial of Right to Refuse Medical Care

OFFICE USE ONLY

Grievance #: 200114418
 Date Received: APR 26 2019
 Date Due: 6-10-19
 Grievance Code: 672
 Investigator ID #: I21111
 Extension Date: _____
 Date Ret'd to Offender: MAY 17 2019
RD-051714

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Psyche Department When? 4-8, 9-2019
 What was their response? Mental Health Appointment Scheduled
 What action was taken? Denied Appointment to refuse Clinician, Case Manager, & CMIT Status

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On 4-8-2019 I put in an Inmate Request To Official I-60 to the Psyche Department to refuse the Chronically Mentally Ill Status or Program and to refuse the services of Clinician Patrick Beck who has not done anything for me at all since November 14th, 2018 and to refuse the services of Case Manager Nannette Brack who I have already caught doing unethical conduct on my medical records that I filed a complaint about before...

I want to completely refuse the Chronically Mentally Ill Program or Status and I want to refuse Patrick Beck and Nannette Brack from representing me in any kind of way whatsoever...

My Human & Civil Rights have been violated non stop in the Mental Health Therapeutic Diversion Program and in the Chronically Mentally Ill Program or Status for the entire time that I have been on the Michael Unit on 12 Building. I have been tortured non-stop the entire time and ever since February 13th, 2018 it has been a living nightmare of hell! And I have found out the hard way that I absolutely can not trust any Prison Medical or Psyche Officials or Staff whatsoever!

CMI-SH is a state classification assignment. We will offer you services for CMI-SH. It is your right to refuse. Beck is your assigned therapist to continue monitoring.

(Carbon Copied)

Action Requested to resolve your Complaint.

Stop torturing me? Let me sign a refusal for the Chronically Mentally Ill Status or Program, Patrick Beck & Nannette Brock's Services, etc... Let me out of the Chronically Mentally Ill Program/Status.

Offender Signature: Jamie Westland

Date: 4-26-2019

Grievance Response:

CMI-SH is a state classification assignment. We will offer you services for CMI-SH. It is your right to refuse. Mr. Beck is your assigned therapist to continue monitoring.

Pam Pace
Practice Manager

Signature Authority:

Pam Pace

Date: 5/14/19

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 2nd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 3rd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
Unit: Michael Housing Assignment: ~~12E18~~
Unit where incident occurred: Michael

OFFICE USE ONLY

Grievance #: 2019114418
UGI Recd Date: MAY 31 2019
HQ Recd Date: JUN 06 2019
Date Due: 07-15
Grievance Code: U72
Investigator ID#: I0352
Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

it did not resolve the issue in Grievance #2019114418 and Pam Pace did not investigate the Grievance properly. My requested actions were completely ignored also and so I'm being forced to deal with a Mental Health Clinician & Case Manager who are both no good at all according to their actions.

I do not want Patrick Beck or Nannette Brock representing me in any type of way whatsoever! I wish I could have honest people give me therapy but I keep catching these people doing bad things to me & others and I know I can't trust them at all!

I also do not want to be classified as "Chronically Mentall Ill Status" or CMI-SH at all and am being forced into this status to hold me in Solitary Confinement illegally. There's not supposed to be any Solitary Confinement in the United States anymore period!

(Carbon Copied)Offender Signature: James HestonDate: 5-30-2019

Grievance Response:

A review of the Step 1 Medical Grievance was completed regarding your complaint concerning mental health (MH) program issues. Your grievance claims you tried to refuse Chronically Mentally Ill-Sheltered Housing (CMI-SH) and services from the Mental Health Case Manager (MHCM) and Mental Health Clinician (MHC) you listed. To resolve this grievance, you want to sign a refusal for CMI-SH and MH services.

Electronic healthcare records show a Refusal of Treatment or Services (ROT) for the Mental Health Therapeutic Diversion Program dated 01/18/2019; however, it was not signed by you. Further review indicated you were informed on 04/09/2019 and 05/06/2019 that CMI-SH is a designation given by the State Classification Committee (SCC). The MHCM and MHC named in your grievance encouraged you to address your classification complaints with the appropriate department. Records support you were also informed you have the right to refuse any MH services offered to you.

The appellate review supports the Step 1 response. Correctional Managed Health Care Policy G-52.3 explains offenders who do not complete the MHTDP shall be reassigned to CMI-SH or referred to another appropriate MH program. If you have reconsidered and wish to participate in the MHTDP, you may wish to send an I-60 to inform MH staff. Additionally, records indicate you did not attempt informal resolution with supervisory staff. Please be advised you must first attempt Informal Resolution through the established process prior to filing a grievance. Grievance denied.

Offender Signature: _____
 Grievance Response: _____
 Signature Authority: _____

STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Date: 6/28/19

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

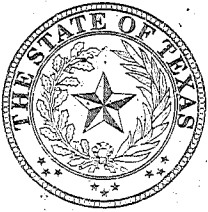
Date Returned to Offender: _____

Returned because: *Resubmit this form when corrections are made.

CGO Staff Signature: _____

I-128 Back (Revised 11-2010)

Appendix G



Texas Department of Criminal Justice

STEP 1

OFFENDER

GRIEVANCE FORM

(Carbon Copied)

OFFICE USE ONLY

Grievance #: 20191208957

Date Received: AUG 12 2019

Date Due: 9-22-19

Grievance Code: 2008

Investigator ID #: J1983

Extension Date: 11-10-19

Date Retd to Offender: NOV 04 2019

Offender Name: Jaman Hestand TDCJ # 1343536

Unit: Michael Housing Assignment: 12E 18cell

Unit where incident occurred: Michael

Medical Records/Medical/Denist Appointments denied... RC-110819

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Medical Records/Medical/Denist Dept. When? From June 2014 up til now...

What was their response? You will be seen/Scheduled/Re-scheduled/etc.

What action was taken? Not getting to my medical appointments because of Prison Employees.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Here it is August 8th, 2019 and once again I'm having serious problems getting to various medical related appointments. Since June 2014 I have been trying to review my medical records and have still been denied access to them... I missed several Provider appointments July 2014 on 7-12-2014, 7-19-2014, and 7-26-2014 and after seeing a Nurse on 7-29-2014 I still have not seen a Provider! ~ Then I went to the Denist Department at the end of July 2014 and was supposed to be scheduled to go back to get my tooth fixed but here it is weeks later and I still haven't made it back to the Denist either! ~ I've been trying so hard to be treated right and have been dealing with this same problem over & over & over again especially since February 13th, 2018 up til now and ongoing. It's torture and very inhumane! It's being done to me on purpose which is extremely agitating and makes me have terrible negative thoughts about people! It's 100% wrong! Prison Officials & Staff have non-stop harassing me & retaliated on me since February 13th, 2018. That's 18 months of torture now that's ongoing still here in Solitary Confinement at Michael Unit! This Mental Health Therapeutic Diversion Program & Chronically Mentally Ill Segregated Housing is the worst experience of ignorance and utter madness I've ever witnessed with Prison Officials & Staff who have no idea how to properly handle mental illness at all! I'm in pain every day from several injuries that Prison Officials & Staff caused in the first place! I need to review my medical records as soon as possible! I need my teeth fixed! And my lower & upper back, left testicle, right lower ribs, right knee, endless headaches, endless ringing peircing sound in

both my ears, my right nostril, my right hand, my right foot, etc. etc. I am living in a non stop fluctuation of pain throughout my body while being forced to live in a madhouse and be continuously denied proper medical care on purpose!! Y'all Prison Officials & Staff are hateful disgusting people with no morals whatsoever and it makes me sick! I'm dying to get out of prison where I can get good medical care for my body and my mind from good people and be in a good environment as possible because all I'm getting in here is non stop torment & torture making me worse & worse! I am not ok or alright at all! I need away from this madhouse immediately!

Action Requested to resolve your Complaint.

**Stop torturing me on purpose! Stop harassing me! Get me out of prison immediately! Let me see my medical records, get to all my medical appointments & give me real proper medical care! Transfer me to a medical unit!*

Offender Signature: *Jamon Hoodland*

Date: *8-8-2019*

Grievance Response:

Per chart review 7/30 you submitted a sick call and the nurse scheduled you apt. You were not escorted to your provider apt 8/2 and 8/8. You were evaluated 8/14; Ibuprofen was ordered, informed of Urology apt pending and reviewed x-ray. 8/31 you were informed by dental that you would receive a lay in for dental apt.

Pam Pace
Practice Manager

Signature Authority:

Pam Pace

Date: *10-24-19*

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 2nd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 3rd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____

(Carbon Copied)

FEB 03 2020



(Carbon Copied)

Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael E2 Housing Assignment: 12D-17
 Unit where incident occurred: Michael
 Grievance # 2019168957

OFFICE USE ONLY	
Grievance #:	<u>2019168957</u>
UGI Recd Date:	<u>NOV 25 2019</u>
HQ Recd Date:	<u>DEC 02 2019</u>
Date Due:	<u>1-9</u>
Grievance Code:	<u>608</u>
Investigator ID#:	<u>I0352</u>
Extension Date:	<u>RO-020420</u>

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

it was not investigated properly and none of my requested actions were granted by Pam Pace who has continuously violated my Protected Conduct of Filing Grievances far over 20 months now which is exactly what she just did to me again...

FILED IN MEDICAL GRIEVANCE PROGRAM
 OFFICE OF PROFESSIONAL STANDARDS
 HEALTH SERVICES DIVISION

(Carbon Copied)Offender Signature: Zimmer WestfordDate: 11-14-2019

Grievance Response:

A review of your Step 2 medical grievance was completed about being harassed, retaliated against, tormented, and tortured by prison officials and staff on purpose since 02/13/2018; having problems getting to your medical appointments since 07/2019; and being denied access to review your medical records. Your action requested was stop torturing and harassing you; get you out of prison immediately; let you see your medical records; attend all of your medical appointments; give you real proper medical care; and transfer you to a Medical unit.

An appellate review of the Step 2 medical grievance and electronic health records (EHR) indicated mental health (MH) saw you on 02/13/2018, and you were placed on the waiting list to be transferred to an inpatient psychiatric unit. Your current facility is Estelle under MH custody. You last reviewed your medical records on 04/16/2019. You were documented as no show due to no available escort and reschedule appointments on 07/01/2019, 07/12/2019; and 07/26/2019. Mental Health saw you on 07/29/2019. The dentist saw you on 10/2/2019 for tooth #7 bruxism, and dental treatment was provided. There is no documentation of prison officials and staff harassing, retaliating, tormenting, or torturing you.

TDCJ Health Services does not have the purview to release offenders from prison. Please submit an I-60 to the Warden at your current facility about prison release. According to CMHC Policy A-01.1, you have been provided access to health care services for your medical concerns. The review of available documentation indicates you did not attempt informal resolution of your medical concern with the medical supervisory staff. Please see CMHC Policy A-12.1 Attachment A HSA-34, Getting Medical Treatment, in the Law Library. Please submit a SCR to Medical for your medical concerns. No further action is warranted at this time through the grievance process.

Signature Authority: _____

Date: 12/5/19

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

I-128 Back (Revised 11-2010)

Appendix G



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

(Carbon Copied)

Offender Name: Jamon Hestand TDCJ # 1343536Unit: Michael Housing Assignment: 12D 17cellUnit where incident occurred: Hospital Galveston 12D 43Medical Issues / Inadequate Medical Care

OFFICE USE ONLY	
Grievance #:	<u>202007218</u>
Date Received:	<u>FEB 04 2020</u>
Date Due:	<u>3-20-20</u>
Grievance Code:	<u>2044</u>
Investigator ID #:	<u>1983</u>
Extension Date:	<u>5-4-20</u>
Date Retd to Offender:	<u>APR 24 2020</u>
<u>RO-049490</u>	

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? On duty Staff / Doctor When? 12-3-2019 / 12-11-2019
 What was their response? Rescheduled Ortho appointments / I want to do some extra test.
 What action was taken? Appointments for real medical care delayed for up to almost 2 years!

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Ever since February 13th, 2018 up til now my back has been injured both in the lower & upper back and nothing has ever been done to actually treat my back or actually fix the problem the Prison Officials & Staff caused to me illegally in the first place! I've had X-rays that show problems but for whatever nonsense reason I keep being delayed or put off from any further evaluation or treatment this entire time. Like what just happened at Hospital Galveston on 12-3-2019! I've been forced to endure outrageous pain for almost 2 solid years that simple Ibuprofen or weak pain pills do anything to relieve especially when I have several injuries simultaneously such as my head, right hand, right lower ribs, right knee, etc. along with my left testicle that I was supposed to get surgery for on February 25th, 2019 had not medical & security staff on Michael Unit signed a bogus medical chain refusal that I never signed on February 22nd, 2019 which I found out about at Hospital Galveston on February 25th 2019 and I had to wrestle like crazy to get rescheduled after that very obvious retaliation & harassment and even when I do finally make it back to Hospital Galveston, Doctors there in the Urology Department started using delay tactics to keep putting my surgery off that had already been decided upon for February 25th, 2019! So most recently on 12-11-2019 I was delayed by a Doctor in the Urology Department for his excuse of saying I might have a hernia, and delayed my treatment another 3 months! That's over a year now of pain in my left testicle and almost 2 solid years of multi-site injuries causing me endless pain which has very adversely affected my physical, emotional, and mental state of well being! --- It tortures I am in continuous serious pain all over!

(Carbon Copied)

~~Action Requested to resolve your Complaint.~~ Steroid treatment! Give me way better pain meds til I get treatment.
Transfer me to Estelle Unit so I'm closer to Hospital Galveston. Give me immediate medical care
without anymore delays on purpose! Stop retaliation & harassment by Staff against me!

Offender Signature: Yoman Westland Date: 1-6-2020

Grievance Response:

Per review, you had a URO clinic appointment on 9/11/19, 12/11/19, and 3/11/20. You were seen these three times. Up have had an appointment with GNSRG that you have no showed for. It was rescheduled to a later date due to COVID-19. ORTSP clinics have you as a no show three times. You are not being denied treatment. You must present to clinic when scheduled. It is the providers clinical decision on the medication ordered. Please submit a SCR for any medical concerns.

Signature Authority: Pam Pace Practice Manager Pam Pace Date: 4/14/20

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☒ 9. Redundant, Refer to grievance # 2019168957
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY	
Initial Submission	UGI Initials: <u>BW</u>
Grievance #:	<u>2020059551</u>
Screening Criteria Used:	<u>19</u> <u>699</u>
Date Recd from Offender:	<u>JAN 07 2020</u>
Date Returned to Offender:	<u>JAN 07 2020</u>
2 nd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3 rd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____

Turned in at Estelle on 1-23-2020 and they refused to process it and I sent it back blank on the 2nd submission
Appendix F

JUN 30 2020



(Carbon Copied)

Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2020072618

UGI Recd Date: MAY 14 2020

HQ Recd Date: MAY 21 2020

Date Due: 6-28

Grievance Code: 1044

Investigator ID#:

Extension Date:

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12B-44cell
 Unit where incident occurred: Hospital Galveston & Michael
 Grievance # 2020072618

RO-263020

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

It was not investigated properly and not resolved at all... None of my requested actions were ever granted! I've been injured for over 2 years straight and 3 months since February 13th, 2018 up til now from injuries that still have not been fixed with proper medical treatment and now I can't get any medical treatment at all due to COVID-19 and I have been injured again with illegal excessive force on March 4th, 2020 & April 5th, 2020 by Prison Officials & Staff even worse and still can't get no medical treatment for these injuries other than inadequate pain medication up to this day. So I'm forced to live in pain & suffering when obviously COVID-19 is going to keep spreading throughout the Prison System!

You all are making me suffer for no good reason and dry leaving me in danger with symptoms of COVID-19 being ignored on purpose here on Michael Unit! I've got over 15 years done on a non-aggravated 20 year sentence! I should be let out on parole so I can seek better medical treatment in the freeworld because this quarantine lockdown is not going to ever stop the spread of COVID-19 at all!

Pam Pace has violated my Protected Conduct of Filing Grievances once again very clearly! I am being denied medical treatment for my injuries and it's not my fault that I can't get to appointments when Prison Officials & Staff deliberately prevent me from getting to those appointments in retaliation for me exercising

my access to courts rights or because they don't want to spend the money to take care of me correctly, but now there's no medical care coming at all nowhere in the foreseeable future so I need to be let out on parole as soon as possible so I can get the help I need right away in the freeworld. Grant me parole immediately. Give me proper access to real medical treatment.

Offender Signature: *Jamon Weston*Date: 5-7-2020

Grievance Response:

A review of the Step 1 medical grievance has been completed regarding your complaints of being denied appropriate medical care. You stated you have been in pain for over two years. You stated you suffer from pains in your back, hand, knee, ribs, and testicle. You stated you have been seen at Hospital Galveston (HG) but the doctors are refusing to do anything for your problems. You asked for stronger pain medications and to be transferred closer to HG.

Review of the electronic health record indicated you have been scheduled to be seen by Orthopedics, General Surgery, and Urology as noted in the response offered at Step 1. Your scheduled appointment with Orthopedics and General Surgery were documented as cancelled at this time. Due to pandemic COVID-19 and to enhance your safety, all missed appointments will be rescheduled for the next available appointments which are within the next 12 weeks. Please make every effort to attend all medical appointments and chain outs. Any refusals will only cause delay and/or deletion of the appointment and all subsequent reminders/referrals.

All medications, treatments, and referrals are based on the clinical findings of the provider at the time of their assessment. While you maintain the right to refuse any services offered, you do not have the liberty to dictate what medications, treatments, or appointments will be prescribed. The review of the documentation indicates you did not attempt informal resolution of your medical concerns with the medical supervisory staff. Your facility has an informal complaints process in place. If you have future medical, dental, or psychiatric-related complaints, you must first attempt resolution through this process. Appellate review supports the response offered at Step 1. No further investigation is warranted at this time.

STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Signature Authority: _____

Date: 6.3.2020

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

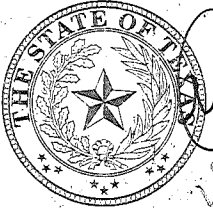
Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

Offender Name: Mr. Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12D-75cell
 Unit where incident occurred: Michael
Deliberate Indifference / Torture

OFFICE USE ONLY

Grievance #: 2021143772
 Date Received: AUG 02 2021
 Date Due: 9-11-21
 Grievance Code: 608
 Investigator ID #: 2792
 Extension Date: 10/31/21
 Date Retd to Offender: NOV 02 2021
RO-110291

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Medical Department

When? 6-3-2021 / 7-22-2021

What was their response? You will have a follow up to provider and X-Ray for my hurt fingers...

What action was taken? I was denied medical follow up to provider and medical care...

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On June 3rd, 2021 at 12 Building D-Pod 75cell at about 10:45am the On Duty Officer smashed my fingers of my left hand in the tray slot at lunch time injuring me to where I had to be taken to medical for evaluation at 10 Building... At 10 Building Medical I was evaluated by a Medical Provider: Juliet O. Andemejeh who gave me an order of Ibuprofen and ordered an X-Ray along with a Follow Up to see Provider... I was also given medication for what seemed like a possible scabies infestation.

I never got a Follow Up for those issues at all and did not get the X-Ray until July 22nd, 2021 / I believe something is wrong with my first two fingers of my left hand (the pointer & middle finger) / My middle finger of my left hand still has a black blotch under the nail and the joint right past that nail has been in pain ever since June 3rd, 2021 and wouldn't bend right but regardless of that, I didn't get the X-Ray for it til July 22nd, 2021 / And I still don't even know the results. That's crazy as hell.

Access To Medical Examination & Treatment here on Michael Unit (especially in Solitary Confinement) is absolutely terrible to the point where Incarcerated persons are having to suffer worse than ever before for outrageous lengths of time so it becomes torture and it even worse for those of us who are Mentally Ill and/or Disabled such as myself. I'm personally dealing with all sorts of injuries that have never been examined properly or treated correctly and now it's very difficult to even get to a medical appointment at all on time or even at all period due to extremely inadequate staffing on Michael.

Unit (especially on 12 Building in Solitary Confinement with the nonsense Mental Health Therapeutic Diversion Program & Chronically Mentally Ill- Sheltered Housing status dry getting special funding for no reason whatsoever when Prison Officials & Staff including Medical/Psychic Personnel are not doing the Programs at all like they are supposed to. I'm being tortured in Solitary Confinement relentlessly for no good reason whatsoever while suffering in continuous pain throughout my body. I feel traumatized physically, mentally, emotionally and Spiritually. Prison Officials are keeping this place open without enough staff to run it properly at all on purpose for their monetary interests. They are violating my rights for monetary interests. It's torture non-stop!

Action Requested to resolve your Complaint:

make sure I get medical appointments on time always. Stop torturing me immediately. Shut down 12 Building & Michael Unit immediately. Get enough staff to operate Michael Unit & 12 Building properly or shut it down!

Offender Signature: Tamara Howard

Date: 8-2-2021

Grievance Response:

Per record review, you were evaluated by nursing staff on 6/3/21. You were ordered an x-ray for your fingers. Due to the unit being on lockdown during this time, you were not x-rayed until 7/22/21. On 7/19/21 the provider had made a chart note stating to schedule you in 3 weeks for your x-ray report. This was done. You were evaluated by the provider on 8/10/21. Please submit a SCR if you have any medical concerns.

Pam Pace
Practice Manager

Signature Authority:

Date: 06/21/21

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<u>2nd Submission</u>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
<u>3rd Submission</u>	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____



Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Mr. Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12D-75cell
 Unit where incident occurred: Michael
 Grievance # 202143772

OFFICE USE ONLY

Grievance #: 202143772
 UGI Recd Date: NOV 30 2021
 HQ Recd Date: DEC 06 2021
 Date Due: 1-10-22
 Grievance Code: 608
 Investigator ID#: I0352
 Extension Date: _____
RO-021822

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

It was not investigated fully or properly and my requested actions were deliberately ignored by Pam Pace who has a long record of violating my Protected Conduct of Filing Grievances especially from February 13th, 2018 up til now & ongoing.

There was no lockdown at all from June 3rd, 2021 to right after June 21st, 2021 or so and lockdown has nothing to do with X-rays being done or not for serious injuries or possible serious injuries that require an X-ray at any given time regardless of a lockdown or not.

I also did not get a follow up appointment for the X-ray results ever. It was not done at all. I still don't know the results of the X-ray. I never saw a provider at all on 8-10-2021.

The other issues in my Step 1 Grievance were blatantly ignored but I am mentally ill and have physical disabilities that put me under the purview of the Americans with Disabilities Act and I am suffering greatly with continuous pain throughout my body. The problems I brought up in the Step 1 Grievance are still ongoing as I suffer and wrestle with major legal issues at the same time. It truly madness.

Carbon Copy

Offender Signature: _____

Date: 11-24-2021

Grievance Response: _____

A review of the Step 1 medical grievance has been completed regarding your complaints of being denied appropriate medical treatment. You stated security closed the tray slot on your fingers 6/3/2021. You said you were seen by Nurse Sick Call (NSC) that day and an x-ray was ordered. You said you did not get the x-ray and have severe pain in your hand.

Review of the electronic health record indicated you were seen by nursing as you stated in your complaint. Radiographs were taken on 7/22/2021. This delay has been forwarded to the University Medical Management for review. It is noted you were seen by the provider on 8/10/2021. Your x-rays were reviewed at that time. There has been no further complaint regarding your hand documented in your records after that visit.

All medications, treatments, and referrals are based on the clinical findings of the provider at the time of their assessment. New issues brought forward at Step 2 will not be investigated as part of this appellate review of your Step 1 complaint. Please refer to your Offender Orientation Handbook for instructions in filing your grievances correctly, including using the Informal Resolution attempt, and acceptable time frame. No further investigation is currently warranted for this issue.

STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Signature Authority: _____

Date: 12.29.2021

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____